

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **1009770**

FILING DATE

APPLICANT(S)

7-23-07 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		3		3		3
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9	1		1		1	
10		1		1		1
11		1		1		1
12		1		1		1
13	1		1		1	
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		1
22		1		1		1
23		1		1		1
24		1		1		1
25		1		1		1
26		1		1		1
27	1		1		1	
28		1		1		1
29		2		2		2
30		2		2		2
31		1		1		1
32		1		1		1
33	1		1		1	
34		1		1		1
35		1		1		1
36		1		1		1
37		1		1		1
38		1		1		1
39		1		1		1
40		1		1		1
41		1		1		1
42		1		1		1
43		1		1		1
44		1		1		1
45		1		1		1
46		1		1		1
47		1		1		1
48		3		3		3
49		1		1		1
50		1		1		1
TOTAL IND.		↓		↓	9	↓
TOTAL DEP.		←		←	50	←
TOTAL CLAIMS					59	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				3		3
52				1		1
53				1		1
54				3		3
55				3		3
56			1		1	
57						
58			1		1	
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓	9	↓
TOTAL DEP.		←		←	49	←
TOTAL CLAIMS					58	